

## 2023 New York Small Group (1-100) Oxford Products: Q1 2023 Rates

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> products. Rates are for **Region 8** in the Oxford service area, which includes: Nassau and Suffolk counties. This guide is for informational purposes only. We reserve the right to correct any typographical errors. For a complete listing of all New York small group (1-100) products, please contact your sales representative. Note - Healthy NY eligibility: 50 or fewer employees.



Platinum Plans				
NY P FRDM NG 5/15/100 PPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,514.69	\$19.60
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,574.97	\$33.32
Max out of Pocket:	In: \$3,500/\$7,000 Out: \$5,250/\$10,500	Employee/ Spouse*	\$3,029.37	\$39.20
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,316.86	\$55.86
NY P FRDM NG 20/40/100 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,433.20	\$19.60
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,436.44	\$33.32
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,866.40	\$39.20
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,084.62	\$55.86
NY P FRDM NG 5/15/100 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,458.81	\$19.60
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,479.98	\$33.32
Max out of Pocket:	In: \$3,500/\$7,000	Employee/ Spouse*	\$2,917.62	\$39.20
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,157.61	\$55.86
NY P FRDM NG 20/40/100 PPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,485.57	\$19.60
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,525.47	\$33.32
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,750/\$15,500	Employee/ Spouse*	\$2,971.14	\$39.20
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,233.86	\$55.86
NY P FRDM NG 20/40/100 PPO FAIR 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,780.49	\$19.60
Ded and Coinsurance:	In: \$0, 0% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$3,026.83	\$33.32
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$25,000/\$50,000	Employee/ Spouse*	\$3,560.98	\$39.20
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$5,074.40	\$55.86
NY P MTRO GT 15/25/100 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$25	Single	\$1,187.19	\$19.60
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,018.22	\$33.32
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,374.38	\$39.20
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,383.49	\$55.86
NY P LBTY GT 10/25/250/90 EPO LA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$10/\$25	Single	\$1,255.61	\$19.60
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,134.53	\$33.32
Max out of Pocket:	In: \$2,500/\$5,000	Employee/ Spouse*	\$2,511.21	\$39.20
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,578.48	\$55.86
NY P LBTY NG 5/35/500/100 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$5/\$35 Tier II: \$25/\$70	Single	\$1,310.36	\$19.60
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,227.61	\$33.32
Max out of Pocket:	In: \$2,450/\$4,900	Employee/ Spouse*	\$2,620.72	\$39.20
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,734.52	\$55.86

## 2023 New York Small Group (1-100) Oxford Products: Q1 2023 Rates

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> products. Rates are for **Region 8** in the Oxford service area, which includes: Nassau and Suffolk counties. This guide is for informational purposes only. We reserve the right to correct any typographical errors. For a complete listing of all New York small group (1-100) products, please contact your sales representative. Note - Healthy NY eligibility: 50 or fewer employees.



Gold Plans				
NY G LBTY GT 30/60/1250/100 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,115.04	\$19.60
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,895.57	\$33.32
Max out of Pocket:	In: \$6,650/\$13,300	Employee/ Spouse*	\$2,230.08	\$39.20
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,177.87	\$55.86
NY G FRDM NG 15/35/1750/90 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,215.65	\$19.60
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$2,066.61	\$33.32
Max out of Pocket:	In: \$7,750/\$15,500	Employee/ Spouse*	\$2,431.31	\$39.20
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,464.61	\$55.86
NY G FRDM NG 25/40/1750/80 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,205.23	\$19.60
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$2,048.88	\$33.32
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$2,410.45	\$39.20
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,434.90	\$55.86
NY G FRDM NG 25/40/1500/80 PPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,257.10	\$19.60
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$2,137.07	\$33.32
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$10,000/\$20,000	Employee/ Spouse*	\$2,514.21	\$39.20
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,582.74	\$55.86
NY G FRDM NG 50/50/1000/90 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$50	Single	\$1,220.63	\$19.60
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$2,075.06	\$33.32
Max out of Pocket:	In: \$6,450/\$12,900	Employee/ Spouse*	\$2,441.25	\$39.20
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,478.78	\$55.86
NY G FRDM NG 1500/90 PPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,205.15	\$19.60
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$2,048.76	\$33.32
Max out of Pocket:	In: \$5,750/\$11,500 Out: \$10,000/\$20,000	Employee/ Spouse*	\$2,410.31	\$39.20
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,434.69	\$55.86
NY G FRDM NG 1500/90 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,160.07	\$19.60
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,972.12	\$33.32
Max out of Pocket:	In: \$5,750/\$11,500	Employee/ Spouse*	\$2,320.13	\$39.20
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,306.18	\$55.86
NY G MTRO GT 25/40/1250/80 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,007.43	\$19.60
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,712.64	\$33.32
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$2,014.86	\$39.20
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$2,871.18	\$55.86
NY G MTRO GT 25/40/600/80 EPO HNY 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40 after Deductible	Single	\$865.76	\$19.60
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,471.79	\$33.32
Max out of Pocket:	In: \$4,750/\$9,500	Employee/ Spouse*	\$1,731.52	\$39.20
RX plan:	\$10/\$35/\$70 Std Select	Family	\$2,467.41	\$55.86
NY G LBTY NG 30/60/2000/70 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,087.67	\$19.60
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,849.05	\$33.32
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,175.35	\$39.20
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,099.87	\$55.86
NY G MTRO NG 25/40/1250/80 EPO ME 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,043.67	\$19.60
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,774.25	\$33.32
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$2,087.35	\$39.20
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$2,974.47	\$55.86
NY G FRDM NG 30/60/2250/70 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,150.72	\$19.60
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,956.23	\$33.32
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,301.44	\$39.20
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,279.55	\$55.86
NY G LBTY NG 25/50/100 EPO ZD 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Single	\$1,227.25	\$19.60
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,086.32	\$33.32
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$2,454.50	\$39.20
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,497.66	\$55.86
NY G LBTY NG 1500/90 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,095.71	\$19.60
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,862.71	\$33.32
Max out of Pocket:	In: \$5,750/\$11,500	Employee/ Spouse*	\$2,191.43	\$39.20
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Family	\$3,122.78	\$55.86
NY G LBTY NG 20/40/2000/80 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$20/\$40 Tier II: \$40/\$80	Single	\$1,091.67	\$19.60
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,855.85	\$33.32
Max out of Pocket:	In: \$8,750/\$17,500	Employee/ Spouse*	\$2,183.35	\$39.20
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,111.27	\$55.86
NY G FRDM NG 1750/100 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,178.99	\$19.60
Ded and Coinsurance:	In: \$1,750/\$3,500, 0%	Parent/Child (ren)	\$2,004.29	\$33.32
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$2,357.99	\$39.20
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,360.13	\$55.86
NY G FRDM NG 25/50/100 EPO ZD 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Single	\$1,296.07	\$19.60
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,203.31	\$33.32
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$2,592.13	\$39.20
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Broad Ntwk	Family	\$3,693.79	\$55.86

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Silver Plans				
NY S LBTY NG 40/80/3250/60 EPO 23				
PCP/Spec:	\$40/\$80	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Single	\$960.35	\$19.60
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,632.59	\$33.32
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,920.69	\$39.20
		Family	\$2,736.99	\$55.86
NY S FRDM NG 40/80/3250/60 EPO 23				
PCP/Spec:	\$40/\$80	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Single	\$1,016.25	\$19.60
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,727.63	\$33.32
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$2,032.50	\$39.20
		Family	\$2,896.32	\$55.86
NY S LBTY NG 30/75/4000/50 EPO 23				
PCP/Spec:	\$30/\$75	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$4,000/\$8,000, 50%	Single	\$940.96	\$19.60
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,599.63	\$33.32
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max \$800 Std Select	Employee/ Spouse*	\$1,881.91	\$39.20
		Family	\$2,681.72	\$55.86
NY S MTRO GT 30/80/3750/60 EPO 23				
PCP/Spec:	\$30/\$80	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$3,750/\$7,500, 40%	Single	\$841.86	\$19.60
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,431.16	\$33.32
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$1,683.72	\$39.20
		Family	\$2,399.29	\$55.86
NY S FRDM NG 30/60/2250/70 PPO HSA 23				
PCP/Spec:	\$30/\$60 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,250/\$4,500, 30% Out: \$6,000/\$12,000, 50%	Single	\$1,055.49	\$19.60
Max out of Pocket:	In: \$7,350/\$14,700 Out: \$15,000/\$30,000	Parent/Child (ren)	\$1,794.33	\$33.32
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,110.98	\$39.20
		Family	\$3,008.14	\$55.86
NY S LBTY GT 30/60/4500/50 EPO 23				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Single	\$924.21	\$19.60
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,571.16	\$33.32
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,848.43	\$39.20
		Family	\$2,634.01	\$55.86
NY S FRDM NG 40/80/3250/60 PPO 23				
PCP/Spec:	\$40/\$80	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$3,250/\$6,500, 40% Out: \$6,000/\$12,000, 50%	Single	\$1,056.28	\$19.60
Max out of Pocket:	In: \$9,100/\$18,200 Out: \$15,000/\$30,000	Parent/Child (ren)	\$1,795.67	\$33.32
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$2,112.55	\$39.20
		Family	\$3,010.39	\$55.86
NY S FRDM NG 30/60/3000/80 EPO HSA 23				
PCP/Spec:	\$30/\$60 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$3,000/\$6,000, 20%	Single	\$1,005.09	\$19.60
Max out of Pocket:	In: \$7,150/\$14,300	Parent/Child (ren)	\$1,708.65	\$33.32
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,010.18	\$39.20
		Family	\$2,864.51	\$55.86
NY S FRDM NG 2500/60 EPO HSA 23				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,500/\$5,000, 40%	Single	\$986.08	\$19.60
Max out of Pocket:	In: \$7,350/\$14,700	Parent/Child (ren)	\$1,676.34	\$33.32
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$1,972.16	\$39.20
		Family	\$2,810.33	\$55.86
NY S MTRO NG 30/80/3750/60 EPO ME 23				
PCP/Spec:	\$30/\$80	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$3,750/\$7,500, 40%	Single	\$872.14	\$19.60
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,482.64	\$33.32
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$1,744.28	\$39.20
		Family	\$2,485.60	\$55.86
NY S LBTY NG 30/60/3000/80 EPO HSA 23				
PCP/Spec:	\$30/\$60 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$3,000/\$6,000, 20%	Single	\$949.02	\$19.60
Max out of Pocket:	In: \$7,150/\$14,300	Parent/Child (ren)	\$1,613.34	\$33.32
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,898.04	\$39.20
		Family	\$2,704.71	\$55.86
NY S MTRO GT 35/50/4000/70 EPO HSA 23				
PCP/Spec:	\$35/\$50 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$4,000/\$8,000, 30%	Single	\$801.42	\$19.60
Max out of Pocket:	In: \$7,200/\$14,400	Parent/Child (ren)	\$1,362.41	\$33.32
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800 Std Select	Employee/ Spouse*	\$1,602.83	\$39.20
		Family	\$2,284.03	\$55.86
NY S MTRO NG 50/100/100 EPO ZD 23				
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$991.04	\$19.60
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,684.76	\$33.32
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$1,982.07	\$39.20
		Family	\$2,824.45	\$55.86
NY S LBTY NG 4000/80 EPO HSA 23				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Single	\$911.12	\$19.60
Max out of Pocket:	In: \$7,350/\$14,700	Parent/Child (ren)	\$1,548.90	\$33.32
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,822.24	\$39.20
		Family	\$2,596.70	\$55.86
NY S LBTY NG 50/100/100 EPO ZD 23				
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,088.45	\$19.60
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,850.37	\$33.32
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$2,176.91	\$39.20
		Family	\$3,102.09	\$55.86
NY S LBTY NG 25/45/5000/50 EPO 23				
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Single	\$946.04	\$19.60
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,608.27	\$33.32
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,892.07	\$39.20
		Family	\$2,696.20	\$55.86
NY S LBTY NG 40/80/5000/60 EPO 23				
PCP/Spec:	\$40/\$80	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$5,000/\$10,000, 40%	Single	\$944.86	\$19.60
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,606.26	\$33.32
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,889.71	\$39.20
		Family	\$2,692.85	\$55.86
NY S FRDM NG 50/100/100 EPO ZD 23				
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,151.25	\$19.60
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,957.12	\$33.32
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Broad Ntwk	Employee/ Spouse*	\$2,302.49	\$39.20
		Family	\$3,281.05	\$55.86
NY S MTRO GT 40/80/3250/60 EPO 23				
PCP/Spec:	\$40/\$80	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Single	\$874.39	\$19.60
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,486.46	\$33.32
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,748.78	\$39.20
		Family	\$2,492.01	\$55.86

## 2023 New York Small Group (1-100) Oxford Products: Q1 2023 Rates

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> products. Rates are for **Region 8** in the Oxford service area, which includes: Nassau and Suffolk counties. This guide is for informational purposes only. We reserve the right to correct any typographical errors. For a complete listing of all New York small group (1-100) products, please contact your sales representative. Note - Healthy NY eligibility: 50 or fewer employees.



Bronze Plans				
NY B FRDM NG 5000/50 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$930.80	\$19.60
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,582.36	\$33.32
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,861.60	\$39.20
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,652.78	\$55.86
NY B LBTY NG 7000/100 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$875.35	\$19.60
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,488.10	\$33.32
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,750.70	\$39.20
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Family	\$2,494.75	\$55.86
NY B MTRO GT 7000/100 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$769.35	\$19.60
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,307.89	\$33.32
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,538.70	\$39.20
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Family	\$2,192.64	\$55.86
NY B LBTY NG 25/75/5750/70 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$75 after Deductible	Single	\$868.15	\$19.60
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,475.87	\$33.32
Max out of Pocket:	In: \$7,350/\$14,700	Employee/ Spouse*	\$1,736.31	\$39.20
RX plan:	Ded Med/Rx then 30%/30%/30% Std Select	Family	\$2,474.24	\$55.86
NY B LBTY NG 30/60/6750/80 PPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$896.52	\$19.60
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$12,500/\$25,000, 20%	Parent/Child (ren)	\$1,524.09	\$33.32
Max out of Pocket:	In: \$7,350/\$14,700 Out: \$31,250/\$62,500	Employee/ Spouse*	\$1,793.04	\$39.20
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Family	\$2,555.08	\$55.86
NY B MTRO GT 40/75/6500/50 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$75 after Deductible	Single	\$758.58	\$19.60
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,289.58	\$33.32
Max out of Pocket:	In: \$7,350/\$14,700	Employee/ Spouse*	\$1,517.15	\$39.20
RX plan:	Ded Med/Rx then \$10/\$65/\$95 Std Select	Family	\$2,161.94	\$55.86

\* Employee / Spouse rate is the rate for Employee / Domestic Partner coverage if additional coverage is available and purchased by the group.

<sup>1</sup> Oxford insurance products are underwritten by Oxford Health Insurance, Inc. ©2017 Oxford Health Plans LLC. All rights reserved.